



Area Agency on Aging District 7, Inc.
1 Acy Avenue
Jackson, OH 45640-9562
(800) 582-7277
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AREA AGENCY ON AGING DISTRICT 7, INC. NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL AND HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

USES AND DISCLOSURES OF HEALTH INFORMATION

This notice is provided to you under the Privacy Rule, adopted as part of the federal Health Insurance Portability & Accountability Act (HIPAA).

The Area Agency on Aging District 7, Inc. (AAA7) is permitted to use and/or disclose your Protected Health Information (PHI) for purposes of providing you treatment, obtaining payment for your care and conducting health care operations, as well as for other permitted or required purposes described in this notice. AAA7 has established policies and procedures to guard against unnecessary use or disclosure of your health information.

THE FOLLOWING IS A SUMMARY OF WHEN AND WHY YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED

To Provide Treatment. AAA7 may use your health information to coordinate and manage your care within AAA7 and with other persons outside AAA7 involved in providing care and services to you, such as an attending physician, a physical therapist, a home health provider, and other health care professionals. For example, certain service providers involved in your care need information about your medical condition in order to deliver services provided through AAA7.

To Obtain Payment. AAA7 may include your health information in invoices to collect payment from third parties for the care you receive through AAA7. For example, some of your health information may be transmitted to the Ohio Department of Aging or to the Ohio Department of Medicaid when billing transactions are conducted.

To Conduct Health Care Operations. AAA7 may use and disclose health information for its own operations and as necessary to provide quality care to you and other AAA7 clients. Health care operations include such activities as:

- Quality assessment and improvement activities.
- Activities designed to improve health or reduce health care costs.
- Protocol development, case management and care coordination.
- Contacting providers and consumers with information about treatment alternatives and other functions that do not include treatment.
- Professional review and performance evaluation.
- Review and auditing, including compliance reviews, medical reviews, legal services and compliance programs.
- Business planning and development.
- Business management and general activities.

As an example, AAA7 may use your health information to evaluate its staff performance. It may also combine your health information with information of other AAA7 clients in evaluating ways to serve all AAA7 clients more effectively. Your health information may be used by or disclosed to AAA7 staff and other providers for training and quality purposes, or to provide you with AAA7 community information mailings that may be of interest.

For Appointment Reminders. AAA7 may use and disclose your health information to contact you as a reminder that you have an appointment, such as a home visit.

For Treatment Alternatives. AAA7 may use and disclose your health information to tell you about or recommend possible service options or alternatives that may be of interest to you.

THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES WHEN YOUR HEALTH INFORMATION MAY ALSO BE USED AND DISCLOSED

When Legally Required. AAA7 will disclose your health information when it is required to do so by Federal, State, or local law.

To Individuals Involved in Your Care or Payment for Your Care. Unless you object, we may disclose your health information to your personal representative and to a family member or close personal friend who is involved in your care.

When There Are Risks to Public Health. AAA7 may disclose your health information for public activities and purposes in order to:

- Prevent or control disease, injury or disability, report disease, injury or vital events such as birth or death, and conduct public health surveillance, investigations and interventions.
- Notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease. Notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease.

To Report Abuse, Neglect or Domestic Violence. AAA7 may notify government authorities if AAA7 believes you are the victim of abuse, neglect or domestic violence. AAA7 will make this disclosure only when specifically required or authorized by law, or when you otherwise agree.

To Conduct Health Oversight Activities. AAA7 may disclose your health information to a health oversight agency for activities including audits, civil, administrative or criminal investigations, inspections, licensure or disciplinary action. AAA7 may not disclose your health information if you are the subject of an investigation and the health information is not directly related to your receipt of health care or public benefits.

In Connection with Judicial and Administrative Proceedings. AAA7 may disclose your health information in connection with a judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by that order. AAA7 may also disclose your health information in response to a subpoena, discovery request or other lawful process, but only when AAA7 makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information.

For Law Enforcement Purposes. As permitted or required by Ohio law, AAA7 may disclose your health information to a law enforcement official for certain law enforcement purposes as follows:

- As required by law for reporting of certain types of wounds or other physical injuries pursuant to a court order, warrant, subpoena, summons or similar process.
- For identifying or locating a suspect, fugitive, material witness or missing person.
- Under certain limited circumstances, when you are a crime victim.
- If AAA7 has a suspicion that your death was the result of criminal conduct, including criminal conduct at AAA7.

- In an emergency or in order to report a crime.

In the Event of a Serious Threat to Health or Safety. AAA7 may, consistent with applicable law and ethical standards of conduct, disclose your health information if AAA7, in good faith, believes that the disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

For Specified Government Functions. In certain circumstances, the Federal regulations authorize AAA7 to use or disclose your health information to facilitate specified government functions relating to military and veterans, national security and intelligence activities, protective services for the President and others, medical suitability determinations and inmates and law enforcement custody.

For Disaster Relief. AAA7 may disclose your health information to an organization assisting in a disaster relief effort.

For Research. AAA7 may permit your health information to be used or disclosed for research purposes if the researcher complies with certain privacy protections. Your health information may be used for research purposes only if the privacy aspects of the research have been reviewed and approved by a designated Privacy Board or Institutional Review Board, if the researcher is collecting information to prepare a research proposal, if the research occurs after your death, or if you authorize the use or disclosure.

Coroners, Medical Examiners, Funeral Directors & Organ Procurement Organizations. AAA7 may disclose your health information to a coroner, medical examiner, funeral director or, if you are an organ donor, to an organization involved in the donation of organs and tissues.

For Workers' Compensation. AAA7 may release your health information for Workers' Compensation or similar programs.

AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION

You have the following rights regarding your health information that AAA7 maintains:

Right to Request Restrictions. You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on AAA7's disclosure of your health information to someone who is involved in your care or the payment of your care. However, AAA7 is not required to agree to your request. If you want to request a restriction, please contact AAA7's Privacy Contact using the contact information at the end of this notice.

Right to Receive Confidential Communications. You have the right to request that AAA7 communicate with you in a certain way. For example, you may ask AAA7 to only conduct communications relating to your health with you privately, with no other family members present. If you want to receive confidential communications, please contact AAA7's Privacy Contact using the contact information at the end of this notice. AAA7 will not request that you provide any reasons for your request and will attempt to honor your reasonable requests for confidential communications.

Right to Inspect and Copy Your Health Information. You have a right to see your health information upon your request, unless your access to your records is restricted for documented treatment reasons. You have the right to inspect and copy your health information, including billing records, on reasonable notice. A request to inspect and copy records containing your health information must be made in writing to AAA7's Privacy Contact using the contact information at the end of this notice. If you request a copy of your health information, AAA7 may charge you a reasonable fee for copying and assembling costs related to your request.

Right to Amend Health Care Information. You have the right to request that AAA7 amend your health records if you believe that your health information is incorrect or incomplete. That request may be made as long as the information is maintained by AAA7. A request for an amendment of

records must be made in writing to AAA7's Privacy Contact using the contact information at the end of this notice. AAA7 may deny the request if it is not in writing or does not include a reason for the amendment. AAA7 may also deny your request if AAA7 did not create the health records you want to amend, if the records you want to amend are not part of information you are permitted to inspect and copy, or if, in AAA7's opinion, the records containing your health information are accurate and complete.

Right to Know What Disclosures Have Been Made. You have the right to request an accounting of disclosures of your health information AAA7 has made for certain reasons, including reasons related to public purposes authorized by law and certain research. You do not have the right to an accounting of disclosures that are made (1) for treatment, payment or health care operations purposes, (2) to you or your personal representative, or (3) based on your written authorization. You also do not have the right to an accounting of disclosures made before April 14, 2003. Your request for an accounting must be made in writing to AAA7's Privacy Contact using the contact information at the end of this notice. Your request should specify the time period for the accounting starting on or after April 14, 2003. Accounting requests may not be made for periods of time in excess of six (6) years. AAA7 will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.

Right to a Paper Copy of this Notice. You have a right to a separate paper copy of this notice at any time even if you have received this notice previously. To obtain a separate paper copy, please contact AAA7's Privacy Contact using the contact information at the end of this notice.

Right to be Notified in Case of a Breach. You have the right to be notified if your unsecured protected health information has been or is reasonably believed to have been accessed, acquired, used, or disclosed in violation of privacy regulations.

Right to Receive Information Electronically. You have the right to be provided information in electronic form if the information is being held electronically by AAA7.

Right to Opt Out of the Health Information Exchange. We participate in one or more Health Information Exchanges. Your healthcare providers can use this electronic network to securely provide access to your health records for a better picture of your health needs. We, and other healthcare providers, may allow access to your health information through the Health Information Exchange for treatment, payment or other healthcare operations. This is a voluntary agreement. You may opt-out at any time by notifying the AAA7 HIPAA Privacy Officer.

DUTIES OF AAA7

AAA7 is required by law to maintain the privacy of your health information and to provide to you this notice of its duties and privacy practices. AAA7 is required to abide by the terms of this notice as it may be modified over time. AAA7 reserves the right to change the terms of this notice and to make the new notice provisions effective for all health information that AAA7 maintains. If AAA7 changes this notice, AAA7 will provide a copy of the revised notice to you.

WHERE TO FILE A COMPLAINT

You have the right to complain to AAA7 and to the Secretary of the U.S. Department of Health and Human Services if you believe that your privacy rights have been violated. Complaints to AAA7 should be made in writing to the Privacy Officer addressed as follows: ***Area Agency on Aging District 7, Inc., 1 Acy Avenue, Jackson, Ohio 45640, Attention: HIPAA Privacy Officer.*** AAA7 encourages you to express concerns you may have regarding the privacy of your health information. You may also file a written complaint with the Secretary of the U.S. Department of Health and Human Services. AAA7 will not retaliate against you in any way for filing a complaint.

CONTACT PERSON

AAA7 has designated a staff person as the HIPAA Privacy Officer or contact person for all issues regarding client privacy and your rights under the federal privacy standards. You may reach this employee by calling: **1-800-582-7277** or by writing to the HIPAA Privacy Officer at: ***Area Agency on Aging District 7, 1 Acy Avenue, Jackson, Ohio 45640, Attention: HIPAA Privacy Officer.***

EFFECTIVE DATE

This notice is effective September 20, 2013

(Revised 06/23)

RECEIPT OF NOTICE OF PRIVACY PRACTICES

Consumer Name: _____

My signature on this form acknowledges that I have received a copy of the Area Agency on Aging District 7, Inc. Notice of Privacy Practices. I understand that this document provides an explanation of the ways in which my health information may be used or disclosed by the Area Agency on Aging District 7, Inc. and of my rights with respect to my health information.

I have been provided with the opportunity to discuss concerns I may have regarding the privacy of my health information.

Consumer's Signature

Date

Signature of Consumer's Representative if
Consumer is unable to sign

Date

TO BE COMPLETED BY AGENCY PERSONNEL IF FORM IS NOT SIGNED
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1. Was the consumer provided with a copy of the Agency's Notice of Privacy Practices?
_____ Yes _____ No

2. Briefly describe efforts made to obtain the consumer's acknowledgement of receipt of the Notice and explain why the consumer was not able or willing to sign this form:

Signature of Agency Personnel

Date